

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/708,718 Confirmation No. 2717
Applicant: : Paul R. Hickert
Filed: : 03/19/2004
TC/A.U. : 3754
Examiner : Joseph A. Kaufman

Docket No. : 1480.01
Customer No. : 21,901
For : Air Barrier Device for Protecting Liquid Fluids in
Opened Containers

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RULE 312 AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment after Notice of Allowance for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

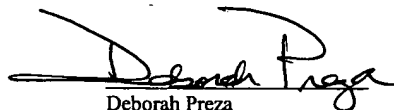
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING

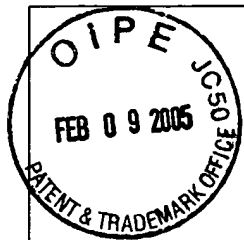
(37 C.F.R. 1.10)

I HEREBY CERTIFY that this Rule 312 Amendment, including Introductory Comments, Amendments to the Specification, Amendments to the Drawings and Remarks, is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV624411470US, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 9, 2005.

Dated: February 9, 2005


Deborah Preza

(Amendment Transmittal—page 1)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	7	Minus	62	= 0	x \$25 =	\$0
Indep.	4	Minus	14	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 28,761

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